CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Agency Name					
State Controller's Office					
Division, Board, Department, District, if applicable			Your Position		
***************************************			Chief of Staff		
► If filing for multiple positions	s, list below or on an attachment.				
Agency: CalPERS/CalSTRS			Position: State Controller's designee		
. Jurisdiction of Office	(Check at least one box)				
			Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County			County of		
City of			Other		
3. Type of Statement (C)	heck at least one box)				
December 31, 2	ered is January 1, 2011, through 2011.		Leaving Office: Date Left (Check one)		
-or- The period cove December 31, 2	ered is//	_, through	 The period covered is Janua leaving office. 	ary 1, 2011, through the date o	
Assuming Office: Date	assumed/		The period covered is the date of leaving office.	_/, through	
Candidate: Election Yea	r Office s	sought, if different th	nan Part 1:		
4. Schedule Summary					
Check applicable schedules	or "None."	► Total num	ber of pages including this	cover page:2	
Schedule A-1 - Investme	nts - schedule attached	☐ Sc	h edule C - Income, Loans, & Busi	ness Positions - schedule attac	
Schedule A-2 - Investme		☐ Sc	hedule D - Income - Gifts - sched	dule attached	
Schedule B - Real Property – schedule attached		☐ Sc	hedule E - Income – Gifts – Trave	l Payments - schedule attache	
	-0	or-			
	None - No repo	ortable interests on	any schedule		
5. Verification	-				
MAILING ADDRESS (Business or Agency Address Recom	STREET mended - Public Document)	CITY	STATE	ZIP CODE	
300 Capitol Mall, Suite		Sacramento	CA	95814	
DAYTIME TELEPHONE NUMBER			ADDRESS (OPTIONAL)		
(916) 327-1361			ong-martinusen@sco.ca.g		
I have used all reasonable dili herein and in any attached so	gence in preparing this statement. chedules is true and complete. I a	I have reviewed the acknowledge this is	s statement and to the best of my a public document.	knowledge the information conta	
I certify under penalty of pe	erjury under the laws of the Stat	e of California tha	t		
1-1	6-12				

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Name	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
^ - 4	State of California		
Bank of America			
GENERAL DESCRIPTIÓN OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
Financia			
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
[] \$100,001 - \$1,000,000			
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Revenue Anticipation Notes		
(Describe)	(Describe)		
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
	<u> </u>		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
▶ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
FAIR MARKET VALUE	FAIR MARKET VALUE		
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NATURE OF INVESTMENT	NATURE OF INVESTMENT		
Stock Other	Stock Other		
(Describe)	(Describe)		
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		
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\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
[] \$100,001 - \$1,000,000 [] Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
Stock Other	Stock Other		
(Describe)	(Describe)		
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
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Comments:			